## SERIAL NO. FILING DATE **CLAIMS ONLY** APPLICANT(S) CLAIMS AFTER 1st AMENDMENT AFTER 2nd AMENDMENT IND. IND. DEP. IND. DEP. IND. DEP. TOTAL IND. TOTAL IND. TOTAL DEP. TOTAL DEP. \*\* #-/ 1,040 . 10:55

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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